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September 29, 2009

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

To request Board approval for the Interim Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, of the following individual accounts:

Patients who received medical care at a County facility:

(1)	Account Number	LAC+USC – Various	\$	900
(2)	Account Number	LAC+USC – Various	\$	2,500
(3)	Account Number	LAC+USC – 7101392	\$	3,430
(4)	Account Number	H/UCLA – Various	\$	4,000
(5)	Account Number	LAC+USC – Various	\$	4,305
(6)	Account Number	LAC+USC – 7863288	\$	5,000
(7)	Account Number	H/UCLA – 9333355	\$	5,000
(8)	Account Number	H/UCLA – 9848572	\$	5,000
(9)	Account Number	H/UCLA – Various	\$	5,000
(10)	Account Number	LAC+USC – 2156527	\$	8,000
(11)	Account Number	H/UCLA – Various	\$	14,000

Trauma patients who received medical care at non-County facilities:

(12)	Account Number	EMS - 206	\$	2,711
(13)	Account Number	EMS - IH-3	\$	3,500
(14)	Account Number	EMS - 205	\$	7,500

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at a County facility: The compromise offers of settlement for patient accounts (1) - (11) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases.

Trauma patients who received medical care at non-County facilities: The compromise offers of settlement for patient account (12) – (14) are recommended because the County has agreements with certain non-County medical facilities under which it pays for trauma care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such trauma care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately \$70,846.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50% of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

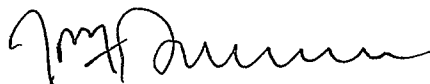
On November 1, 2005, your Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by your Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Fund.

Respectfully submitted,



John F. Schunhoff, Ph.D.
Interim Director

JFS:lg (R:\LMARTINEZ\COMPROMISE\BRLTR\#81\LETTER HSA & EMS)

Attachments (14)

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1
DATE: SEPTEMBER 29, 2009

Total Charges	\$17,564	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$17,564	Date of Service	Various
Compromise Amount Offered	\$900	% Of Charges	5 %
Amount to be Written Off	\$16,664	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was struck by a falling object at his place of residence. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of \$17,564 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$5,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement *
Lawyer's Fees	\$2,000	\$2,000	40 %
Lawyer's Cost	\$1,704.62	\$1,704.62	34 %
LAC+USC Medical Center	\$17,564	\$900	18 %
Other Lien Holders			
Patient		\$395.38	8 %
Total		\$5,000	100%

* This settlement distribution is consistent with the Hospital Lien Act (California Civil Statute 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The attorney had done preparation for trial and a fee of 40% plus cost was agreed upon in the retainer agreement between the patient and his attorney.

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2
DATE: SEPTEMBER 29, 2009

Total Charges	\$52,952	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$52,952	Date of Service	Various
Compromise Amount Offered	\$2,500	% Of Charges	5 %
Amount to be Written Off	\$50,452	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of \$52,952 for medical services rendered. No coverage was found for this patient. The patient's third party liability (TPL) claim settled for \$12,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement *
Lawyer's Fees	\$4,200	\$4,200	35 %
Lawyer's Cost	\$3,589.37	\$3,589.37	30 %
LAC+USC Medical Center	\$52,952	\$2,500	21 %
Other Lien Holders	\$4,930	\$906	8 %
Patient		804.63	6 %
Total		\$12,000	100%

* This settlement distribution is consistent with the Hospital Lien Act (California Civil Statute 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The attorney had done preparation for trial and a fee of 40% plus cost was agreed upon in the retainer agreement between the patient and his attorney. Lien holders are receiving 29% of the settlement (21% to LAC+USC Medical Center and 8% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: SEPTEMBER 29, 2009

Total Charges	\$24,328	Account Number	7101392
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$24,328	Date of Service	3/4/08 – 3/8/08
Compromise Amount Offered	\$3,430.30	% Of Charges	14.3%
Amount to be Written Off	\$20,897.70	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus motorcycle accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient charges of \$24,328 for medical services rendered. No coverage was found for this patient. The patient's third party liability (TPL) claim settled for \$12,500 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$4,125	\$4,125	33 %
Lawyer's Cost	\$1,514.40	\$1,514.40	12 %
LAC+USC Medical Center *	\$24,328	\$3,430.30	28 %
Other Lien Holders *	\$5,596.39	\$679	5 %
Patient		\$2,751.30	22 %
Total		\$12,500	100%

* This settlement distribution is consistent with the Hospital Lien Act (California Civil Statute 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. The attorney had done preparation for trial and a fee of 33% plus cost was agreed upon in the retainer agreement between the patient and his attorney. Lien holders are receiving 33% of the settlement (28% to LAC+USC Medical Center and 5% to others)

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4
DATE: SEPTEMBER 29, 2009

Total Charges	\$120,986	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$120,986	Date of Service	Various
Compromise Amount Offered	\$4,000	% Of Charges	3%
Amount to be Written Off	\$116,986	Facility	H/UCLA Medical Center

JUSTIFICATION

This patient was involved in a motorcycle accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient and outpatient charges of \$120,986 for medical services rendered. The patient obtained an attorney and did not apply for Medi-Cal or any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$387.46	\$387.46	3%
H/UCLA Medical Center *	\$120,986	\$4,000	27 %
Other Lien Holders *	\$163,445.15	\$4,371.75	29%
Patient		\$1,240.79	8 %
Total		\$15,000	100%

* Lien holders are receiving 56% of the settlement (27% to H/UCLA Medical Center and 29% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5
DATE: SEPTEMBER 29, 2009

Total Charges	\$71,602	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$71,602	Date of Service	Various
Compromise Amount Offered	\$4,305	% Of Charges	6%
Amount to be Written Off	\$67,297	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient charges of \$71,602 for medical services rendered. No coverage was found for this patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost			
LAC+USC Medical Center *	\$71,602	\$4,305	29 %
Other Lien Holders *	\$4,512	\$1,990	13 %
Patient		\$3,705	25 %
Total		\$15,000	100%

* Lien holders are receiving 42% of the settlement (29% to LAC+USC Medical Center and 13% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6
DATE: SEPTEMBER 29, 2009

Total Charges	\$25,224	Account Number	7863288
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$25,224	Date of Service	9/2/08 – 9/4/08
Compromise Amount Offered	\$5,000	% Of Charges	20 %
Amount to be Written Off	\$20,224	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient charges of \$25,224 for medical services rendered. No coverage was found for this patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$394	\$194	1 %
LAC+USC Medical Center *	\$25,224	\$5,000	33 %
Other Lien Holders *	\$947	\$947	7 %
Patient		\$3,859	26 %
Total		\$15,000	100%

* Lien holders are receiving 40% of the settlement (33% to LAC+USC Medical Center and 7% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7
DATE: SEPTEMBER 29, 2009

Total Charges	\$41,676	Account Number	9333355
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$41,676	Date of Service	7/28/08-8/1/08
Compromise Amount Offered	\$5,000	% Of Charges	12 %
Amount to be Written Off	\$36,676	Facility	H/UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient charges of \$41,676 for medical services rendered. The patient obtained an attorney and did not apply for Medi-Cal or any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$5,000	\$4,000	27 %
Lawyer's Cost *	\$109		
H/UCLA Medical Center **	\$41,676	\$5,000	33 %
Other Lien Holders **	\$5,083.75	\$2,000	13 %
Patient		\$4,000	27 %
Total		\$15,000	100%

* The attorney agreed to lower his fees from \$5,000 (33%) to \$4,000 (27%) and waive his cost.

** Lien holders are receiving 46% of the settlement (33% to H/UCLA Medical Center and 13% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8
DATE: SEPTEMBER 29, 2009

Total Charges	\$28,659	Account Number	9848572
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$28,659	Date of Service	2/6/09 - 2/9/09
Compromise Amount Offered	\$5,000	% Of Charges	17 %
Amount to be Written Off	\$23,659	Facility	H/UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient charges of \$28,659 for medical services rendered. The patient obtained an attorney and was billed as patient responsible. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$500	\$500	4 %
H/UCLA Medical Center	\$28,659	\$5,000	33 %
Other Lien Holders			
Patient		\$4,500	30 %
Total		\$15,000	100%

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9
DATE: SEPTEMBER 29, 2009

Total Charges	\$99,602	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$99,602	Date of Service	Various
Compromise Amount Offered	\$5,000	% Of Charges	5%
Amount to be Written Off	\$94,602	Facility	H/UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient and outpatient charges of \$99,602 for medical services rendered. The patient had Medi-Cal, but Medi-Cal did not cover the full length of stay. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$5,000	\$3,000	20 %
Lawyer's Cost *	\$200		
H/UCLA Medical Center **	\$99,602	\$5,000	33 %
Other Lien Holders **	\$4,304.22	\$2,257.24	15 %
Patient		\$4,742.76	32 %
Total		\$15,000	100%

* The attorney agreed to lower his fees from \$5,000 (33%) to \$3,000 (20%) and waive his cost.

** Lien holders are receiving 48% of the settlement (33% to H/UCLA Medical Center and 15% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10
DATE: SEPTEMBER 29, 2009

Total Charges	\$103,394	Account Number	2156527
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$103,394	Date of Service	11/20/04 - 12/7/04
Compromise Amount Offered	\$8,000	% Of Charges	8 %
Amount to be Written Off	\$95,394	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient charges of \$103,394 for medical services rendered. The patient is not eligible for Medi-Cal and has ATP with no liability. The patient's third party liability (TPL) claim settled for \$30,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement *
Lawyer's Fees	\$10,000	\$10,000	33 %
Lawyer's Cost	\$1,700	\$1,700	6 %
LAC+USC Medical Center **	\$103,394	\$8,000	27 %
Other Lien Holders **	\$6,235	\$1,395	5 %
Patient		\$8,905	29 %
Total		\$30,000	100%

* This settlement distribution is consistent with the Hospital Lien Act (California Civil Statute 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost.

** Lien holders are receiving 32% of the settlement (27% to LAC+USC Medical Center and 5% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11
DATE: SEPTEMBER 29, 2009

Total Charges	\$56,022	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$56,022	Date of Service	Various
Compromise Amount Offered	\$14,000	% Of Charges	25%
Amount to be Written Off	\$42,022	Facility	H/UCLA Medical Center

JUSTIFICATION

This patient was involved in a motorcycle accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient and outpatient charges of \$56,022 for medical services rendered. The patient obtained an attorney and did not apply for Medi-Cal or any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for \$50,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$20,000	\$15,443	31 %
Lawyer's Cost	\$807.20	\$807.20	2 %
H/UCLA Medical Center **	\$56,022	\$14,000	28 %
Other Lien Holders **	\$10,016.63	\$4,306.80	8 %
Patient		\$15,443	31 %
Total		\$50,000	100%

* The attorney agreed to lower his fees from \$20,000 (40%) to \$15,443 (31%).

** Lien holders are receiving 36% the settlement (28% to H/UCLA Medical Center and 8% to others).

Based on the DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12
DATE: SEPTEMBER 29, 2009

Total Charges (Providing Facility)	\$48,740	Account Number	EMS 206
Amount Paid to Providing Facility	\$26,242	Service Type / Date of Service	Inpatient & Outpatient 10/14/07-10/19/07
Compromise Amount Offered	\$2,711	% of Payment Recovered	10 %

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Henry Mayo Newhall Memorial Hospital and incurred total inpatient and outpatient charges of \$48,740 for medical services rendered. EMS paid trauma contracted provider the total sum of \$26,242. The patient's third-party claim has been settled for \$6,250 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement (\$6,250)
Attorney fees	\$1,560	\$1,560	25.0 %
Attorney cost	Waived		
Los Angeles County	\$48,740	\$2,711	43.4 %
Other Lien Holders	\$3,688	\$414	6.6 %
Patient		\$1,565	25.0 %
Total		\$6,250	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13
DATE: SEPTEMBER 29, 2009

Total Charges (Providing Facility)	\$56,055	Account Number	EMS IH-13
Amount Paid to Providing Facility	\$11,700	Service Type / Date of Service	Inpatient 7/29/08-8/06/08
Compromise Amount Offered	\$3,500	% of Payment Recovered	30%

JUSTIFICATION

This patient was involved in an automobile versus bicycle accident. As a result of this accident, the patient was treated at St. Francis Hospital Medical Center and incurred total inpatient charges of \$56,055. The facility received payment from the Los Angeles County in the amount of \$11,700. The patient's third-party claim has been settled for \$15,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement * (\$15,000)
Attorney fees	\$5,000	\$5,000	33.3 %
Attorney cost	\$1,500	1,500	10.0%
Los Angeles County	\$56,055	\$3,500	23.3 %
Other Lien Holders	\$1,253	\$1,253	8.4%
Patient		\$3,747	25.0%
Total		\$15,000	100 %

* This settlement distribution is consistent with the Hospital Lien Act (California Civil Statute 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost.

As stated in the Trauma Center Service Augmentation, reimbursement to provider is for the hospital component of services provided to eligible indigent patients.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 14
DATE: SEPTEMBER 29, 2009

Total Charges (Providing Facility)	\$146,603	Account Number	EMS 205
Amount Paid to Providing Facility	\$18,451	Service Type / Date of Service	Inpatient & Outpatient 03/11/04-03/19/04
Compromise Amount Offered	\$7,500	% of Payment Recovered	41 %

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Cedars Sinai Medical Center and incurred total inpatient and outpatient charges of \$146,603 in medical bills. EMS paid contracted provider the total sum of \$18,451. The patient's third-party claim has been settled for \$22,500 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement (\$22,500)
Attorney fees	\$9,000	\$9,000	40.00 %
Attorney cost	30,412	N/A	N/A
Los Angeles County	\$146,603	\$7,500	33.0 %
Patient		\$6,000	27.0 %
Total		\$22,500	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.